PTO/SB/17 (10-08)

Vinder the Paperwork Redu	iction Act of 199	5 no nerson are rec	nuired to		and Tradema	ark Office; U.S. DE	PARTME	NT OF COMMERCE
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				respond to a collection of information unless it displays a valid OMB control numbe  Complete if Known				
				Application Num	onf. #6	 592		
FEE TRANSMITTAL			Filing Date		May 12, 2006			
				First Named Inventor To		oshihiko Shirasagi		
For FY 2009				Examiner Name A.		. L. Verderame		
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 17		795		
TOTAL AMOUNT OF PAYMENT (\$) 1,080.00				Attorney Docket No. SON-3162				
METHOD OF PAYMEN	T (check all t	hat apply)					-	
Check Credit Card Money Order None Other (please identify):								
x Deposit Account Number: 18-0013 Deposit Account Name: Rader, Fishman & Grauer PLLC								
For the above-ident	tified deposit	account, the Dir	ector is	hereby authorize	d to: (chec	k all that apply)	)	
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION				·			_	
1. BASIC FILING, SEARCH	I, AND EXAM	INATION FEE	s					
		G FEES	SEA	ARCH FEES	EXAMIN	IATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fe	es Paid (\$)
Utility	330	165	540	270	220	110		
Design	220	110	100	50	140	70		
Plant	220	110	330	165	170	85		
Reissue	330	165	540	270	650	325		
Provisional	220	110	0	0	0	0		
2. EXCESS CLAIM FEES				-	-	-	s	mall Entity
Fee Description						Fee		Fee (\$)
Each claim over 20 (including Reissues)						5:	2	26
Each independent claim over 3 (including Reissues)						22	0	110
Multiple dependent claims					39	0	195	
Total Claims			e Paid (\$) Multiple Dependent Claims					
- or HP =					<u>Fe</u>	e (\$)	Fee Pa	id (\$)
HP = highest number of total claims paid for, if greater than 20.					<del></del>			
	tra Claims	Fee (\$)	F6	e Paid (\$)				
- or HP = HP = highest number of indepen	dent claims paid	for, if greater than	3.				~	
3. APPLICATION SIZE FEI	•	, <b>3</b>						
If the specification and dr		d 100 sheets of	paper	(excluding electro	onically file	ed sequence or	compu	ter
listings under 37 CFR					or small en	tity) for each a	ddition	al 50
sheets or fraction there								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)  - 100 = /50 = (round up to a whole number) x							<u> </u>	ee Paid (\$)
4. OTHER FEE(S)				(, , , , , , , , , , , , , , , , , , ,			F	ees Paid (\$)
Non-English Specificati	ion. \$130 fe	e (no small enti	ty disc	ount)			_	
Other (e.g., late filing surmange): 1403 Request for oral hearing							1,080.00	
SUBMITTED BY	$\Lambda$	ノノ						
Signature			Registration No. 40,290/ Attorney/Agent) 47,255 Telephone (202)		955-3750			
Name (Print/Type) Christoph	ner M. Yobin	Brian K. Dutt	on .	-		Date S	Septem	ber 24, 2010
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